

FEB 18 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 97B050/3
Applicant(s): Sudhin Datta, et al.			
Application No. 10/613,373	Filing Date July 3, 2003	Examiner B. Lipman	Group Art Unit 1711
Invention: Thermoplastic Polymer Blends Of Isotactic Polypropylene And Alpha-Olefin/Propylene Copolymers			
<p>I hereby certify that this <u>Petition to Make Special, Copy of Birth Certificate & Transmittal Form (4 pgs.)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>February 18, 2005</u> (Date)</p> <p style="text-align: right;"><u>Tracy N. Keyes</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><u>Tracy N. Keyes</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

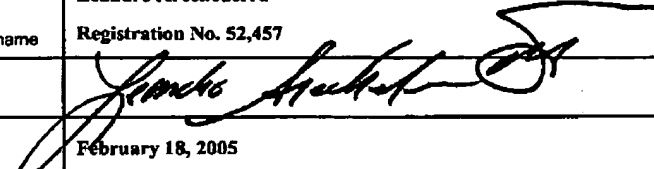
PTO/SB/21 (24-04)

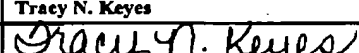
Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/613,373	
	Filing Date	July 3, 2003	
	First Named Inventor	Sudhin Datta, et al.	
	Art Unit	1711	
	Examiner Name	B. Lipman	
Total Number of Pages in This Submission	4	Attorney Docket Number	97B050/3

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Transmission via Facsimile, Petition to Make Special and Copy of Birth Certificate
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Leandro Arechederra Registration No. 52,457
Signature	
Date	February 18, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	Tracy N. Keyes	Date	February 18, 2005
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEB 18 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<i>In re</i> Application of:	§	BEFORE THE EXAMINER:
Datta et al.	§	B. Lipman
Serial No.: 10/613,373	§	Group Art Unit No.: 1711
Filed: July 03, 2003	§	Attorney Docket No.: 1997B050/3
For: Thermoplastic Polymer	§	
Blends of Isotactic Polypropylene and	§	
Alpha-Olefin/Propylene Copolymers	§	
Customer No.: 23455	§	February 18, 2005

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL

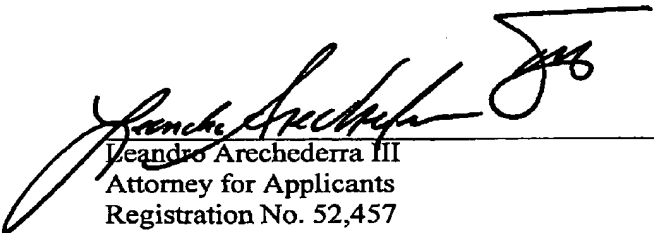
Sir:

Pursuant to 37 CFR § 1.102(c) and MPEP § 708.02 IV. (APPLICANT'S AGE), Applicant, Charles Cozewith, hereby petitions the Commissioner, through his attorney, that this application be made special and that the prosecution thereof be expedited as much as possible. As a basis for granting the above petition, it is submitted that Applicant is 65 years of age or more. Attached herewith is a copy of Applicant's birth certificate.

Respectfully submitted,

February 18, 2005

Date


Leandro Arechederra III
Attorney for Applicants
Registration No. 52,457

ExxonMobil Chemical Co.
Law Technology
P.O. Box 2149
Baytown, Texas 77522-2149
Phone: 281-834-2173
Fax: 281-834-2495

The Margaret Hague Maternity Hospital

Jersey City, New Jersey

Hospital Birth Certificate

This Certifies that


Mother's Name Fannie Cozzacchio Sex of Child Boy
 was born in the Margaret Hague Maternity Hospital of Hudson County, New Jersey
 on the 27th day of June A.D., 1938

Space for Foot Print of Baby



Birth Certificate No. _____

Space For Mother's Thumb Print



Supervisor of Nurseries Rosa B... R.N.
 Attending Physician [Signature] M.D.
 SIGNATURE SIGNATURE

BEST AVAILABLE COPY